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## NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

1	Application Number <u>09/676,175</u>			
	Filed September 29, 2000			
	For A Method And Apparatus For Generating An Expected Top Of Stack During Ins	struction Translation		
	Group Art Unit: 2183 Examiner: Tonia L. Meonske			
	Address to:			
	COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450			
	Applicant hereby appeals to the Board of Patent Appeals and Interferences from the	last decision of the examiner.		
	The fee for this Notice of Appeal is (37 CFR 1.17(b))	\$ <u>340.00</u>		
	[ ] Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:	\$		
	[X ] A check in the amount of the fee is enclosed.			
	[ ] Payment by credit card. Form PTO-2038 is attached.			
	[ ] The Commissioner has already been authorized to charge fees in this appli Account. 1 have enclosed a duplicate copy of this sheet.	ication to a Deposit		
	[X ] The Commissioner is hereby authorized to charge any fees which may be to Deposit Account No. <u>02-2666</u> . I have enclosed a duplicate copy of the			
	[X ] A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is extension.	enclosed.		
	I am the	prorization/on 970/2038		
	am the  [ ] applicant/inventor.  [ ] assignee of record of the entire interest See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Signature		
	[ ] applicant/inventor.  [ ] assignee of record of the entire interest See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  [X ] attorney or agent of record.	///////////////////////////////////////		
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	[ ] applicant/inventor.  [ ] assignee of record of the entire interest See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  [X ] attorney or agent of record.  [ ] attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 40.216 (Reg. No.)  NOTE: Signatures of all the inventors or assignees of record of the entire interest of Submit multiple forms if more than one signature is required, see below*.	P. Ward Typed or printed name  10/01/04 Date  Their representative(s) are required.  Distal Service with sufficient postage 1450, Alexandria, VA 22313-1450		